JUN 0 8 2006

PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)							
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2	19240.225-US1							
Application Number 09/775,349-Conf. #		Filed Feb	ruary 1, 2001					
For DYNAMICALLY ADDRESSED NETWORK For DYNAMICALLY ADDRESSED NETWORK								
Art Unit 2143		Examiner \	W. C. Vaughn					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2))	<u>Fee</u> \$120 \$450	Small Entity Fee \$60 \$225	\$ \$					
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510.00					
Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795	\$					
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number								
assignee of record of the entire Statement under 37 CFR 3								
attorney or agent of record. Real attorney or agent under 37 CFI Registration number if acting un	egistration Number R 1.34.	51,176	_ ·					
Signature	June 8, 2006 Date							
Philip R. Poh	(212) 230-8800							
Typed or printed name	Telephon	e Number						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
X Total of forms are submitt	ed.							
1 00000121 080219 09775349								

06/12/2006 DTESSEM

510.00 DA 01 FC:2253

Express Mail Label No. EV842149115US Dated: June 8, 2006



PTO/SB/17 (01-06)
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FEE TRANSMITTAL For FY 2006 First Named Inventor First Name Control First Name Contr	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known							
For FY 2006 For FY 2006 Figst Named Inventor Yechlamy YEMIN Examiner Name W. C. Vaughn			7.00			09/775,349-Conf. #7203					
Examiner Name W. C. Vaughn TOTAL AMOUNT OF PAYMENT (\$) 510.00 Attorney Docket No. 19240.225-US1											
Application trype Fee (\$) Fee	For FY 2006			First Named Inventor		Yechiam YEN	Yechiam YEMINI				
METHOD OF PAYMENT (check all that apply)					Examiner N	ame	W. C. Vaughr	W. C. Vaughn			
Check Credit Card Money Order None Other (please identify):	X Applican	t claims small entity sta	tus. See 37 CFR 1.2	7	Art Unit		2143	2143			
Check Credit Card Money Order Obaposit Account Names OB-0219 Deposit Account Name Wilmer Cutler Pickering Hale and Dorr LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee (set) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) Fee (s	TOTAL AMOU	NT OF PAYMENT	(\$) 510.00		Attorney Docket No. 19240.225-US1						
X Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP	METHOD OF PAYMENT (check all that apply)										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments X Credit any overpayments X Credit any overpayments X Credit any overpayments S Cardel any overpayments S S Cardel any overpayments S S S S S S S S S	Check Credit Card Money Order None Other (please identify):										
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Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any overpayments	For the	above-identified dep	osit account, the D	irector is	hereby auth	orized to: (c	check all that apply	·)			
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Design		F		SE				3			
Utility	Application T	vpe Fee (Fee (\$				Fees I	Paid (\$)		
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Reissue 300 150 500 250 600 300											
Provisional 200 100 0 0 0 0 0 0 0								• • • • • • • • • • • • • • • • • • • •			
2. EXCESS CLAIM FEES Fee Obscription Each claim over 20 (including Reissues) Each claim over 30 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest numer of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest numer of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee Paid (\$) SUBMITTED BY Signature Registration No. (212) 230-8800											
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HP = highest numer of total claims paid for, if greater than 20. Indep. Claims	Total Claims	Extra Claims	Fee (\$)	Fee f	Paid (\$)		Multiple Depend	ient Claims			
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(Attorney/Agent) 51,176 Telephone (212) 250-6600	SUBMITTED BY		<u> </u>								
Name (Print/Type) Philip R. Poh J Date June 8, 2006	Signature	- Blulia	12/h				76 Telephone	(212) 23	0-8800		
	Name (Print/Type)	Philip R. Poh 🗸	٠				Date	June 8,	2006		

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